



# Physician's Report on Disability

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-1280

This form must be completed by a medical doctor. The following information is needed in connection with the patient's application for disability retirement benefits under the California Public Employees' Retirement Law.

## Section 1

Please fill out completely and fully describe the nature and severity of impairment. Also, include copies of the patient's medical reports.

## Member Information

Name of Member/Patient (First Name, Middle Initial, Last Name)	Social Security Number
Position/Occupational Title	Birthdate (mm/dd/yyyy)
For Kaiser Patients, Medical Record Number	

## Section 2

Please provide history of patient's illness/injury.

Patient and Member are the same person.

## Member History

Date of First Visit (mm/dd/yyyy)	Date of Last Visit (mm/dd/yyyy)
Date Present Illness/Injury Occurred (mm/dd/yyyy)	Date Patient Unable to Work (mm/dd/yyyy)
Origin of Injury: <input type="checkbox"/> Work Related <input type="checkbox"/> Non-Work Related	
Describe How Injury Occurred	

## Section 3

## Member Subjective Complaints

Subjective Symptoms
Subjective Symptoms

## Section 4

Please provide history of patient's illness/injury.

Provide dates and findings of any X-rays, EKGs, laboratory or diagnostic testing performed.

Use additional sheets if necessary.

## Diagnosis/Objective Findings

Height	Weight	Blood Pressure
Diagnosis 1		
Objective Findings 1		
Diagnosis 2		
Objective Findings 2		
Diagnosis 3		
Objective Findings 3		
Comments		

## Section 5

Review the attached duty statement and physical requirements of the member's position prior to answering these questions.

## Member Incapacity

To qualify for a disability retirement, the CalPERS member must be substantially incapacitated from the performance of the usual duties of his/her position with the current employer. This "substantial incapacity" must be due to a medical condition of permanent or extended and uncertain duration. Disability is not necessarily an inability to perform fully every function of a given position. Rather, the courts have concluded that the test is whether the member has a substantial inability to perform the usual and customary duties of the position.

**Prophylactic restrictions are not a basis for a disability retirement.**

1. Is the member currently, substantially incapacitated from performance of the usual duties of the position for their current employer? ☐ Yes ☐ No

If yes, you must describe specific work activities that the member is unable to perform due to incapacity.

---

---

2. Will the incapacity be permanent? ☐ Yes ☐ No

If not, probable duration ☐ < 6 months ☐ 6 months – 1 year ☐ 1 – 2 years ☐ Other

3. Was the job description/duty statement reviewed to make your medical opinion? ☐ Yes ☐ No

4. Was the Physical Requirements of Position/Occupational Title reviewed to make your medical opinion?

☐ Yes ☐ No

5. Was information reviewed that the member provided? ☐ Yes ☐ No

If so, please attach the information provided by the member.

## Section 6

## Member Mental Status

Is the member mentally able to handle financial affairs and enter into legally binding contracts?

☐ Yes ☐ No

Date of Onset (mm/dd/yyyy)

Is the member competent to endorse checks with the realization of nature and consequence of the act?

☐ Yes ☐ No

Date of Onset (mm/dd/yyyy)

## Section 7

## Physician's Signature

Mail completed report  
directly to CalPERS.  
Do not give to member.

All questions on this  
form must be answered  
or application will  
be incomplete, which will  
delay processing.

CalPERS has my permission to release a photocopy of report to member, upon written request.

☐ Yes ☐ No

Print Physician Name	Phone Number	Fax Number
Address		
City	State	ZIP
Signature of Physician/Title		Date (mm/dd/yyyy)